

Financial Aid Office 9801 Frankford Ave. Philadelphia, PA 19114 Phone: 267-341-3233 Fax: 215-599-1694 finaid@holyfamily.edu www.holyfamily.edu/finaid

## 2022-2023 Identity/Statement of Educational Purpose Worksheet

Your application for financial aid was selected for review in a process called "verification." The Financial Aid Office is required to compare your FAFSA with the information you provide on this worksheet and other financial documents. If there are differences between your application information and the documents you submit, your application may need to be corrected. If the corrections result in a change to your financial aid award, we will send you a revised offer letter within two weeks of completing the verification.

Document Received by (Holy Family Employee):	Date:
ssued ID, or passport. The institution will maintain a copy	iversity to verify his or her identity by presenting an D), such as, but not limited to, a driver's license, other state-of the student's photo ID that is annotated by the institution with e official at the institution authorized to receive and review the
In addition, the student must sign, in the presence of the in provided below:	nstitutional official, the Statement of Educational Purpose
Statement of E	Educational Purpose
·	am the individual signing this ederal student financial assistance I may receive will only be t of attending Holy Family University for 2022-2023.
(Student's Signature)	(Date)
(Student's ID Number)	